GRANCARE NURSING CENTER 1555 DOUSMAN STREET

GREEN BAY	54303	Phone: (920) 494-4525	
Operated from	1/1 To 12/31	Days of Operation:	365
Operate in Con	junction with I	Hospital?	No

Ownership: Corporation Highest Level License: Skilled Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled

Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No

Number of Beds Set Up and Staffed (12/31/05): 75 Title 18 (Medicare) Certified? Yes

Total Licensed Bed Capacity (12/31/05): 75 Title 19 (Medicaid) Certified? Yes

Number of Residents on 12/31/05: 69 Average Daily Census: 68

100.0

Age, Gender, and Primary Diagnosis of Residents (12/31/05) Length of Stay (12/31/05) \_\_\_\_\_ Primary Diagnosis % | Age Groups % Less Than 1 Year \_\_\_\_ | 1 - 4 Years 1 - 4 Years
More Than 4 Years

14.5 Developmental Disabilities 0.0 Under 65 2.9 Mental Illness (Org./Psy) 17.4 | 65 - 74 4.3 Mental Illness (Other) 2.9 | 75 - 84 30.4 Alcohol & Other Drug Abuse 0.0 | 85 - 94 49.3 Para-, Quadra-, Hemiplegic 1.4 | 95 & Over 13.0 Full-Time Equivalent Cancer 1.4 \_\_\_\_ Nursing Staff per 100 Residents 2.9 (12/31/05) Fractures 100.0 I Cardiovascular 17.4 | 65 & Over 97.1 l Cerebrovascular 13.0 LPNs Diabetes 4.3 12.0 2.9 Respiratory Nursing Assistants, 15.9 Aides, & Orderlies 50.4 Other Medical Conditions 36.2 | Maie | Female ----84.1 100.0 \_\_\_\_

## \* Method of Reimbursement

		edicare itle 18			edicaid itle 19			Other		]	Private Pay	:		amily Care			anaged Care	l		
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	2	6.7	141	0	0.0	0	1	3.3	194	0	0.0	0	0	0.0	0	3	4.3
Skilled Care	9	100.0	338	28	93.3	121	0	0.0	0	29	96.7	156	0	0.0	0	0	0.0	0	66	95.7
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	9	100.0		30	100.0		0	0.0		30	100.0		0	0.0		0	0.0		69	100.0

GRANCARE NURSING CENTER

Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/05
Deaths During Reporting Period							
					% Needing		Total
Percent Admissions from:		Activities of	8	As	sistance of	% Totally	Number of
Private Home/No Home Health	3.0	Daily Living (ADL)	Independent	One	e Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		84.1	15.9	69
Other Nursing Homes	1.9	Dressing	2.9		92.8	4.3	69
Acute Care Hospitals	94.3	Transferring	8.7		71.0	20.3	69
Psych. HospMR/DD Facilities	0.0	Toilet Use	10.1		66.7	23.2	69
Rehabilitation Hospitals	0.0	Eating	42.0		52.2	5.8	69
Other Locations	0.4	********	******	*****	******	*******	*****
Total Number of Admissions	263	Continence		용	Special Treatmen	ts	8
Percent Discharges To:		Indwelling Or Extern	nal Catheter	2.9	Receiving Resp	iratory Care	14.5
Private Home/No Home Health	48.1	Occ/Freq. Incontiner	nt of Bladder	39.1	Receiving Trac	heostomy Care	0.0
Private Home/With Home Health	13.4	Occ/Freq. Incontiner	nt of Bowel	14.5	Receiving Suct	ioning	0.0
Other Nursing Homes	1.1	İ			Receiving Osto	my Care	5.8
Acute Care Hospitals	20.2	Mobility			Receiving Tube	Feeding	1.4
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	1.4	Receiving Mech	anically Altered Diets	20.3
Rehabilitation Hospitals	0.0	<u> </u>					
Other Locations	0.0	Skin Care			Other Resident C	haracteristics	
Deaths	10.3	With Pressure Sores		10.1	Have Advance D	irectives	91.3
Total Number of Discharges		With Rashes		8.7	Medications		
(Including Deaths)	262	İ			Receiving Psyc	hoactive Drugs	63.8

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

************	******	*****	******	*****	*****	*****	*****	*****	*****
		Ownershi			Size:	Lic	ensure:		
	This Proprieta		prietary	50	-99	Ski	lled	Al	1
	Facility	Facility Peer Group		Peer	Group	Peer Group		Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	90.7	85.8	1.06	86.3	1.05	88.8	1.02	88.1	1.03
Current Residents from In-County	94.2	81.3	1.16	80.0	1.18	83.2	1.13	77.6	1.21
Admissions from In-County, Still Residing	11.8	16.8	0.70	18.8	0.63	18.7	0.63	18.1	0.65
Admissions/Average Daily Census	386.8	216.2	1.79	180.5	2.14	177.7	2.18	162.3	2.38
Discharges/Average Daily Census	385.3	217.8	1.77	178.7	2.16	179.2	2.15	165.1	2.33
Discharges To Private Residence/Average Daily Census	236.8	100.9	2.35	87.1	2.72	83.4	2.84	74.8	3.17
Residents Receiving Skilled Care	100	97.2	1.03	96.4	1.04	96.3	1.04	92.1	1.09
Residents Aged 65 and Older	97.1	91.5	1.06	93.5	1.04	91.3	1.06	88.4	1.10
Title 19 (Medicaid) Funded Residents	43.5	61.7	0.70	59.0	0.74	61.8	0.70	65.3	0.67
Private Pay Funded Residents	43.5	19.4	2.24	24.5	1.77	22.5	1.93	20.2	2.16
Developmentally Disabled Residents	0.0	0.9	0.00	0.8	0.00	1.1	0.00	5.0	0.00
Mentally Ill Residents	20.3	28.9	0.70	31.6	0.64	34.8	0.58	32.9	0.62
General Medical Service Residents	36.2	23.7	1.53	26.1	1.39	23.0	1.57	22.8	1.59
Impaired ADL (Mean)	50.7	47.9	1.06	47.8	1.06	48.4	1.05	49.2	1.03
Psychological Problems	63.8	59.1	1.08	57.6	1.11	59.5	1.07	58.5	1.09
Nursing Care Required (Mean)	7.6	7.1	1.07	7.0	1.09	7.2	1.06	7.4	1.02